

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		4				
3	W					
4	Y					
5	1					
6	1					
7	6					
8	6					
9	6					
10	6					
11	C					
12	6					
13	6					
14	6					
15	6					
16	1					
17	1					
18	1					
19	1					
20	3					
21	3					
22	3					
23	3					
24	3					
25	3					
26	3					
27	3					
28	3					
29	1					
30	1					
31	1					
32	3					
33	3					
34	3					
35	3					
36	3					
37	3					
38	3					
39	3					
40	3					
41	3					
42	1					
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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